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(ADDITIONAL COUNSEL ON NEXT PAGE)

Attorneys for Plaintiffs

13 **UNITED STATES DISTRICT COURT**  
14 **CENTRAL DISTRICT OF CALIFORNIA – WESTERN DIVISION**

16	)	CASE NO. 16-CV-01750 SJO (JPR)
17	)	Hon. S. James Otero
18	)	Courtroom 1
19	)	STATEMENT OF FACT OF DEATH;
20	)	DECLARATION OF SHAYLA
21	)	MYERS; EXHIBIT
22	)	
23	)	
24	)	
25	)	
26	)	
27	)	
28	)	

16 Carl Mitchell, et al.,  
17  
18 Plaintiff(s),  
19 vs.  
20 City of Los Angeles, et. al.  
21 Defendant(s).

1 Catherine Sweetser (SBN 271142)

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1 Pursuant to Rule 25(a)(1), Plaintiffs note upon the record the death of  
2 Plaintiff Michael Escobedo during the pendency of this action. Attached hereto is  
3 a copy of the death certificate of Mr. Escobedo, who died on October 22, 2018.

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5  
6 Dated: April 25, 2019

Legal Aid Foundation of Los Angeles  
Law Office of Carol A. Sobel  
Schonbrun Seplow Harris & Hoffman, LLP

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9 By: /s/ Shayla R. Myers  
10 Shayla R. Myers  
11 Attorneys for Plaintiffs  
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**Declaration of Shayla Myers**

I, SHAYLA MYERS, declare as follows:


1. I am an attorney, admitted to practice before this court. I am an attorney of record for the Plaintiffs in the foregoing matter. I have personal knowledge of the facts set forth in this Declaration and if called as a witness, could and would testify competently as to the facts below.

2. Attached to this declaration is a true and correct copy of the death certificate for Plaintiff Michael Escobedo, showing his death on October 22, 2018. The death certificate has been redacted to exclude the month and day of Mr. Escobedo's birth, as required by Rule 5.2 of the Federal Rules of Civil Procedure.

3. The Death Certificate was provided by the County of Los Angeles Department of Public Health. The original, certified copy of the death certificate is maintained by the Legal Aid Foundation of Los Angeles in its office.

I declare under penalty of perjury, pursuant to the laws of the United States and the State of California, that the foregoing is true and correct.

Executed this 25 day of April, 2019 at Los Angeles, California

  
Shayla Myers, Declarant



## CERTIFICATION OF VITAL RECORD

## COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052018236135

## CERTIFICATE OF DEATH

3201819052770

STATE FILE NUMBER 3052018236135		LOCAL REGISTRATION NUMBER 3201819052770	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		3. LAST (Family) ESCOBEDO	
AKA. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 1958	
6. BIRTH STATE/FOREIGN COUNTRY UNK		5. AGE Yrs. Mths. Ds. 60	
10. SOCIAL SECURITY NUMBER UNK		12. MARITAL STATUS (See back) NEVER MARRIED	
13. EDUCATION - Highest Level Completed (see worksheet on back) UNKNOWN		14. HOURS OF DEATH mm/dd/yyyy 10/22/2018	
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES UNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4853 W. WASHINGTON BLVD		19. YEARS IN OCCUPATION UNK	
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90016		24. YEARS IN COUNTY UNK	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ELANA JACKSON, DPA	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 320 W. TEMPLE ST, LOS ANGELES, CA 90012		28. NAME OF SURVIVING SPOUSE/RODP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST UNK		32. MIDDLE UNK	
33. LAST UNK		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST UNK		36. MIDDLE UNK	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNK	
39. DISPOSITION DATE mm/dd/yyyy 12/05/2018		40. PLACE OF FINAL DISPOSITION LA CO CREMATORY CEMETERY 3301 E. FIRST ST, LOS ANGELES, CA 90063	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF FUNERAL HOME NOT EMBALMED	
43. LICENSE NUMBER LAC+USC MEDICAL CENTER		44. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
45. DATE 11/27/2018		46. DATE 11/27/2018	
101. PLACE OF DEATH LONGWOOD MANOR CONVALESCENT CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SNIP <input type="checkbox"/> DCM <input type="checkbox"/> HMO <input checked="" type="checkbox"/> TARSING Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> TARSING Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other		104. CITY LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4853 W WASHINGTON BLVD		106. COUNTY LOS ANGELES	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIAC ARREST Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that preceded the events resulting in death's LAST) B) PANCREATIC CANCER		108. CORPSE REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. CORPSE PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. AUTOPSY A DETENDING CLERK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. IF FEMALE, PARAPROVIDE WILLING STATE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AP	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen At 10/08/2018 10/22/2018		115. SIGNATURE AND TITLE OF CERTIFIER JAMES L MELTZER M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES L MELTZER M.D. 2555 E COLORADO BLVD SUITE 301, PASADENA, CA 91107		117. LICENSE NUMBER G11398	
118. DATE 11/21/2018		119. DATE 11/21/2018	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy 122 HOUR (24 hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city and zip)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

APR 25 2019

002037131

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

